

Division _____

Frequency Type:	One Time	Future	Document
	Monthly		
	Bi-Monthly		
	Quarterly		

Credit Total

Account Type*	Fund	Agency	Org	Approp Unit	Activity	Func	Obj / Rev	BS Account	Rep Cat	Job / Project	Internal Fund	Reference Agency
Debit Amount		Bank Account	Vendor / Provider Code	Vendor Name		Ind**	Description (25 Characters)			Credit Amount		

Bank ABA No. and City, State
Proposed Date of Transfer
State Treasurer's Approval

****Vendor/
Provider/Quantity
Indicator:**

V = Vendor
P = Provider
Q = Quantity